



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
CITIZENS PLAZA, 10th FLOOR
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

DIDD Title VI Self-Survey
Survey Period
July 1, 2013 – June 30, 2014

Company _____
Address _____
City _____ State _____ Zip _____

DIDD Services
Provided

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Agency Title VI Coordinator (Name) _____ Telephone Number: _____
Title VI Coordinator Email Address _____

PLEASE ANSWER ALL QUESTIONS ON THIS SURVEY.

Date of Survey _____ Type of Survey: ☐ Initial ☐ Annual ☐ Corrective
Completed: _____

I. TITLE VI COMPLAINTS

1. Number of Title VI complaints filed with your agency during the survey period.
(Please attach a copy of the complaint.) _____
2. Please provide a listing of all requests for assistance to file a discrimination complaint

Date Assistance Requested	Person Seeking Assistance	Complaint

3. Number of Title VI investigations conducted during the survey period. _____
4. Number of Title VI complaints resolved during the survey period. _____
5. Number of Title VI complaints forwarded to DIDD Regional Office or Central Office. _____

II. DEMOGRAPHICS

6. Number of individuals receiving DIDD services through your agency (unduplicated):
 - a. Waiver Services _____
 - b. State Funded Services _____
 - c. TOTAL (6a + 6b) _____

7. Individuals receiving DIDD services through your agency racial demographics:

- a. Total Minorities (a1+a2+a3+a4) _____
1. African American _____
2. Asian _____
3. Hispanic _____
4. Other _____ (please specify)
- b. Total Non Minorities _____

III. TITLE VI NOTIFICATION

8. How often are individuals receiving DIDD services informed of their rights under Title VI?

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Other

9. Are Title VI notification forms placed in individual case files? ☐ Yes ☐ No

10. Are posters containing Title VI information prominently displayed within your agency? ☐ Yes ☐ No

11. Do Title VI posters include the name of your agency's Title VI Coordinator to whom complaints should be referred? ☐ Yes ☐ No

III. LIMITED ENGLISH PROFICIENCY (LEP) ASSESSMENT

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled to language assistance with respect to services, benefits, or encounters. Department of Health and Human Services (HHS) regulations, 45 CFR 80.3(b)(2), require all recipients and sub-recipients of federal financial assistance to ensure individuals with LEP have meaningful access to HHS funded programs and activities.

Pursuant to President Executive Order 13166 and meaningful access requirement of the Title VI regulations, agencies receiving HHS funding shall conduct an individualized assessment using a four-factor analysis as set forth in the Department of Justice (DOJ) Guidance to Federal Financial Assistance Recipients.

The following questions include the four-factor analysis. Please assess, as accurately as possible, the following:

12. Please indicate the number and percentage of LEP individuals receiving DIDD services through your agency?

	<u>State Funded Services</u>		<u>Waiver Funded Services</u>	
	<u>Number</u>	<u>Percentage</u>	<u>Number</u>	<u>Percentage</u>
a. Hispanic	_____	_____	_____	_____
b. Asian	_____	_____	_____	_____
c. Somali	_____	_____	_____	_____
d. Arabic	_____	_____	_____	_____
e. Kurdish	_____	_____	_____	_____
f. Other _____	_____	_____	_____	_____

13. Please indicate your agency's contact with LEP individuals seeking assistance?

☐ No Contact ☐ Infrequent Contact ☐ Frequent Contact

Comment:

14. Would denial or delay of access to services or information your agency provides have serious or even life-threatening implications for LEP individuals? ☐ Yes ☐ No

Comment:

15. Are existing agency resources meeting the needs of LEP persons? ☐ Yes ☐ No

If no, please explain:

16. Does your agency have a contract for language interpreter services? ☐ Yes ☐ No

If yes, please provide the name of the contractor providing language interpreter services. _____

If no, please explain:

17. LEP Language Assistance

Please provide a listing of all requests for LEP language assistance:

Name of Recipient	Date Services Requested	Date Service Provided	Name of Language Assistance Provider	Method for Providing Language Assistance Services (over-the-phone, in person, etc.)

VI. TITLE VI POLICIES

18. Does your agency have a written policy stating that individuals with limited English proficiency will have access to interpretation and translation services and that the services are free of charge? ☐ Yes ☐ No

If no, please explain:

19. Does your agency have a written policy stating that services will be provided to all persons without regard to race, color, or national origin? ☐ Yes ☐ No

20. Does your agency have written procedures for hearing and reviewing Title VI complaints? ☐ Yes ☐ No

21. Does your agency have a written policy on how individuals are informed about Title VI? ☐ Yes ☐ No

If no, please explain:

VII. TRAINING

22. What methods are used by your agency to ensure that employees are clearly aware of their responsibilities under Title VI? (*Please check all that apply.*)

<input type="checkbox"/> Career Development	<input type="checkbox"/> New Employee Newsletter	<input type="checkbox"/> Information Packets
<input type="checkbox"/> In-Service Policy	<input type="checkbox"/> Brochures/Posters	<input type="checkbox"/> Annual Staffing
<input type="checkbox"/> Training Films	<input type="checkbox"/> ID Employee Handbook	<input type="checkbox"/> Orientation
<input type="checkbox"/> Human Resources Manual	<input type="checkbox"/> Other	

23. Do employee Human Resources files contain acknowledgement of training and penalties for non-compliance? ☐ Yes ☐ No

24. Do agency employees receive Title VI training through Relias? ☐ Yes ☐ No

If no, please explain:

25. Has your agency Title VI Coordinator received training on DIDD Title VI requirements? ☐ Yes ☐ No

26. What additional training beyond the training offered to all employees has your Agency Title VI Coordinator received?

Explain:

27. Number of Title VI classroom training sessions conducted for agency employees during the survey period?
_____ (***please include date(s) of training***)

28. Number of employees who received Title VI training during the survey period:
- a. New employee training _____
 - b. In-service training _____
 - c. TOTAL number of employees trained (28a + 28b) _____

VIII. OUTREACH

One good way to evaluate your agency's compliance with Title VI may be to seek feedback from the community.

29. Did your agency conduct any public education or outreach efforts directly related to Title VI during the survey period?

Explain:

IX. GENERAL COMMENTS

Explain:

If you have any questions, please contact:

Annie Bernard (615) 231-5500

Please return this survey to the following e-mail address:

annie.bernard@tn.gov